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FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 11/26/2012
NAME OF PROVIDER OR SUPPLIER NORRIS HEALTH AND REHABILITATION CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 3382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to have the sprinkler piping installed correctly.</p> <p>The findings include:</p> <p>Observation on November 26, 2012 at 3:30 p.m. revealed that sprinkler piping were penetrating through a four (4) hour fire wall in the 100 and 300 halls.</p> <p>This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on November 26, 2012.</p>	N 831	<p>N831</p> <p>The Regional Director of Facility Engineering to contract with architect to regenerate a set of architectural plans. This process is necessary due to the lack of historically available architectural plans for firewalls in the 100 and 300 hallways. The architect will be submitting these plans to the Tennessee Department of Health for approval, Correction date of January 16, 2013.</p>		

Division of Health Care Facilities

Michelle Brakebill Wilkerson
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Administrator

(X6) DATE

12/17/12

OHKP21

If continuation sheet, 1 of 1

*Michelle Brakebill Wilkerson**Administrator 12/17/12*